

Preliminary studies on glaucoma patients indicate that the intraocular pressure effect of pilocarpine is greatly enhanced when used with a hydrophilic lens. However, no conventional eye drops can be used with the present soft lens because the concentration of the preservative in the lens destroys the corneal epithelium.

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Blow-out Fractures of the Orbital Floor

FRACTURES OF THE ORBIT AND ORBITAL FLOOR are commonplace, and since 15 to 20 percent of the orbital fractures are associated with serious ocular injuries, ophthalmological consultation is indicated.

Surgical repair of fractures of the floor of the orbit are performed to correct diplopia and to prevent enophthalmos. However, it is felt that this operation should be postponed until the orbital edema and hemorrhages have had time to subside, usually within two weeks. Many of the cases of diplopia do clear up spontaneously and no difference in the prognosis has been demonstrated when operation is delayed that long.

Several cases of visual loss have occurred following orbital floor repair due either to direct trauma to the optic nerve or its blood supply at the time of operation or from compression by a resulting orbital hemorrhage. Operation by a well-trained team that includes an ophthalmologist, and careful daily postoperative examinations, including confrontation fields and ophthalmoscopic study in addition to bedside determination of visual acuity, should keep these serious complications to a minimum.

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Management of Congenital Cataracts

EARLY OPERATION FOR bilateral congenital cataracts, whether they are due to rubella, heredity or metabolic disease, is indicated according to most authorities. With the use of contact lenses fitted in the operating room, it is feasible to do a unilateral cataract operation with hope of obtaining some useful vision, although the results so far are not always encouraging.

The reintroduction of the aspiration type of lens extraction in cataracts of infancy and childhood by Scheie, is the generally accepted method today. His principle of using a large-gauge needle is the basis of the operation although there have been many modifications by various surgeons. Long term post-operative use of mydriatics and cycloplegics seems to be imperative.

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Microsurgery in Open Angle Glaucoma

THE MAIN TREATMENT OF OPEN angle glaucoma is medical, and with the stronger miotics and the carbonic anhydrase inhibitors it was hoped that operation would not be indicated. However, some of the medications were not tolerated or became ineffective, so it is necessary to operate in a number of these cases. The classical anti-glaucomatous filtration operations have many complications, the main one being the progression of cataracts.

With the advent of microsurgical techniques, three new methods have been devised:

1. Trabeculotomy, in which a slit is made to open the corneoscleral meshwork and establish a direct communication between Schlemm's canal and anterior chamber.